HANDS-ON HIPAA: A Professional Approach to Costing Your HIPAA Remediation Project

Budgeting for HIPAA remediation may be the most complex, difficult HIPAA compliance challenge facing many healthcare organizations. Join us Wednesday, June 26 at 2:00 PM Eastern time for a special audio conference presenting a detailed, professional approach to budgeting your organization's HIPAA remediation project. This not-to-be-missed program will focus on a detailed HIPAA Costing Model covering the major steps required in every HIPAA implementation.

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This week's HIPAAnote...

*** To Identify or to De-Identify ***

Information that is unique to a person can identify that person. The concept is simple — but the implications are far-reaching. The HIPAA Privacy Rule invokes the term "PHI", or "protected health information", to prevent inappropriate communication of individually identifiable health information, either electronically or via any other form or medium. This includes information relating to patients' past, present or future health and healthcare.

Not all health information falls under the PHI umbrella. Use of de-identified patient information, generally for research, analysis, or trending of data in the aggregate, has HIPAA's blessing. Registries, research hospitals and regulatory agencies are examples of entities who utlilize de-identified health information for such purposes.

What information qualifies as de-identified data? You're in safe territory if your organization, as a covered entity, has reason to believe that any anticipated recipient of the information could NOT identify an individual, AND if all of the following identifiers have been REMOVED:

* Name;
* Address;
* Dates directly related to an individual - birth date,
    admission/discharge date etc.;
* Telephone/fax number;
* E-mail address, URL, IP address;
* Medical record number;
* Account number;
* Certificate/license number;

* Vehicle identifiers - driver's license number, vehicle tags etc;
* Biometric identifiers - fingerprints, voiceprints etc.;
* Photographic images; and
* Any other identifying characteristics or codes.

Additionally, covered entities can help ensure de-identification by by utilizing staff qualified to apply "generally acceptable statistical and scientific principles" to render information de-identifiable.. A word of warning — code assignments "that are not derived from or related to information about the subject of the information" can be used to re-identify de-identified data. Before permitting anyone to use your organization's de-identified data, take appropriate precautions against letting re-identification occur.

Under the March 2002 privacy NPRM, use of de-identified data would apply for research, public health or health care operations. Recipients of the de-identified information could use it only for the purposes intended and could not re-identify it. To fine-tune the de-identification process, HHS requested public suggestions for alternatives in removing directly identifiable information while retaining certain identifiers - e.g. admission, discharge, service dates, date of death, age, and five-digit zip code. (See "Research" at
http://www.hipaadvisory.com/alert/vol3/news032802.htm).

Ken Schulkin,
Director, Phoenix Health Systems

That's today's HIPAAnote...now, pass it along!

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IT'S HERE! The brand new GUIDE TO MEDICAL PRIVACY AND HIPAA -- a comprehensive, 500-page reference on HIPAA how-to's across every compliance phase, including user-friendly analysis and advice by legal and consulting experts, plus sample forms, checklists, workplans and more -- even regular monthly updates and additions for a year!
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HIPAAnotes are published weekly as a learning tool to help you and your associates stay tuned-in to HIPAA and its implications. Forward it to anyone with a "need to know" through your own internal mailing list, intranet or newsletter -- whatever works for you...

Our HIPAAcratic oath: We'll use your ideas for HIPAAnotes -- send them!
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